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PRINCIPAL INVESTIGATOR: Dennis Mohatt, M.A. (PI)
Jay Shore, M.D. (TATRC Consultant/Investigator)

CONTRACTING ORGANIZATION: Western Interstate Commission for Higher Education
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14. ABSTRACT This research study will test whether a military adaptation of the Mental Health First Aid (mMHFA) program changes knowledge about and attitudes toward mental health in the military, stigma associated with mental health issues, and accessing care and support resources for mental health problems among military personnel. There are no current research findings for this study for this reporting period.					
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INTRODUCTION:

This research study is testing whether a military adaptation of the Mental Health First Aid (mMHFA) program changes knowledge about and attitudes toward mental health in the military, stigma associated with mental health issues, and accessing care and support resources for mental health problems among military personnel. There are two groups of individuals who are participating in this study: Community First Responders (CFRs) and Kansas Army National Guard (KSARNG) service members. CFRs are individuals who interact with Kansas Army National Guard service members on a routine basis (including Guard Members in support positions). The study includes four armory communities and CFRs in the intervention group received training in mMHFA.

The study includes two phases. Phase one, development of the military-specific MHFA training module, was completed in April 2013. After obtaining the required IRB and HRPO approvals in March 2013, phase two, implementation of mMHFA in Kansas National Guard communities, commenced.

BODY:

Phase 1: Develop military-specific MHFA training module

The final version of the military adaptation of the Mental Health First Aid program was completed in April 2013 and submitted to the National Council for Behavioral Health. The adaptation was approved for use in this study and pending finalization for wider scale roll out through their national network of trainers. Separate from this study, a decision was made by the National Council to shift the main MHFA curriculum from a 12-hour format to an 8-hour format. While this change did not impact the study trainings, which were completed before the shift took place, it required some follow up work on the mMHFA adaptation to fit with the new 8-hour format. These revisions were completed in September 2013 and submitted to the National Council. Finalization is pending and the adaptation is expected to begin roll out in the next quarter.

Phase 2: Implement mMHFA in Kansas National Guard communities

IRB reapproval for this study and ORP HRPO final approval were received in March 2013. Implementation of phase two of the study was then initiated.

Recruit training participants – The study team worked with the Kansas National Guard, as well as local and statewide organizations and contacts to recruit study participants.

For the CFRs, recruitment activities included meeting with key National Guard personnel, email outreach and phone calls, all using the approved scripts for the study protocol.

Based on the pilot trainings conducted in Arizona, which were filled to capacity, we did not anticipate any concerns with recruiting the maximum number of CFRs, especially since the study would provide a \$150 stipend to all eligible civilian participants. Unfortunately, despite consistent recruitment efforts leading up to the study, it was difficult to recruit the maximum number of CFR subjects. While recruitment numbers fell below expectations, there were sufficient numbers to execute the study activities and those CFRs who participated were a good representative sample of the intended audience for the training (a mix of military members and civilians with support roles to military personnel and families).

Organize and conduct trainings – Trainings were organized in coordination with the Kansas National Guard, and held in their facilities. A total of four trainings were conducted from May – July 2013 in the intervention armory communities (two in Kansas City and two in Hutchinson). Each training had two instructors. There was one instructor who conducted all four trainings for continuity, along with a second trainer that varied. Before each training, informed consent was administered and baseline survey data collected. At the conclusion of each training, survey and evaluation data were collected. The training was well received by study participants.

Additional study data – In May 2013, the quick poll surveys were administered to the National Guard members within each of the four armory communities. Baseline surveys were also administered to CFRs in the two control armory communities (Wichita and Manhattan). Informed consent was administered to all subjects prior to completing surveys for the study.

Collect post-training data – Post-training data, including CFR surveys and quick poll surveys at 4-months and 8-months post-training, was scheduled to be collected in October 2013 and February 2014, subject to the drill schedule of the Kansas National Guard for the quick poll. Due to the government shutdown, drill for October 2013 was canceled, resulting in a delay in data collection. We are currently in the process of working with the Kansas National Guard to reschedule a time to collect survey data, which is anticipated to occur in November or December. Once this date is confirmed, we will also proceed with the collection of the first set of follow up surveys from CFRs in all four communities to coincide with the timing of the quick poll surveys.

Conduct initial analyses – We currently have collected pre-test data for both Community First Responders and National Guard members through the quick polls. This data was collected at all intervention and control sites. We also have collected immediate post-intervention data for community first responders who participated in a MHFA training session. The next phase of data collection is scheduled for November-December 2013 and will provide 4-month follow-up data with both community first responders and National Guard members at all sites. We will collect final 8-month follow-up data during the Spring of 2014.

We have built the databases and are in the process of entering the first round of data into the databases. This process also involves cleaning the data, characterizing any missing data, and troubleshooting in preparation for analysis. We have also identified needs related to data completeness that we will be addressing during the next wave of data collection.

By the end of 2013 we will have completed preliminary, cross-sectional analyses of the first wave of data collection and preliminary pre-post analysis for the intervention group. These analyses will allow us to: (1) characterize the study population, (2) look for statistical relationships at one point in time, and (3) test the reliability, validity, and sensitivity of the survey questions and scales. We will also use these preliminary analyses to estimate study power and effect size in preparation for longitudinal analyses with 4- and 8-month follow-up data.

KEY RESEARCH ACCOMPLISHMENTS:

- Finalization of the adapted Mental Health First Aid curriculum.
- IRB reapproval and HRPO approval.
- Recruitment of subjects and completion of mMental Health First Aid trainings and surveys.
- Completion of first set of quick poll surveys.

REPORTABLE OUTCOMES:

None at this time.

CONCLUSION:

The adapted Mental Health First Aid curriculum has the potential to complement existing military programs such as resilience training, Combat & Operational Stress First Aid and suicide prevention gatekeeper training by providing a mental health literacy component that is currently not addressed.

REFERENCES:

None at this time.

APPENDICES:

None at this time

SUPPORTING DATA:

None at this time.